

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005385

1. Entity Name

THE LADIES' AUXILIARY OF POST #3 OF THE REGULAR

FILED
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90221 007 ****61.25

Principal Place of Business

3621 CENTURY BOULEVARD
LAKELAND FL 33811

Mailing Address

3621 CENTURY BOULEVARD
LAKELAND FL 33811

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3261216

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WATSON, STEPHEN C
101 SOUTH FLORIDA AVENUE
LAKELAND FL 33801

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing-
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME FERRELL, KAREN V
STREET ADDRESS 3066 SHOAL CREEK DRIVE
CITY-ST-ZIP LAKELAND FL 33803 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME HAMMOCK, DONNA
STREET ADDRESS 2061 EAST KEYSVILLE RD
CITY-ST-ZIP LITHIA FL 33547 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME BUTTS, LOU
STREET ADDRESS 415 MARTHA STREET
CITY-ST-ZIP LAKELAND FL 33813 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE P
NAME WYATT, CAROLE
STREET ADDRESS 375 BRANNEN RD #53
CITY-ST-ZIP LAKELAND FL 33813 ☒ Delete

TITLE Donna Hammock
NAME % 3621 Century Blvd
STREET ADDRESS Lakeland FL 33811 V.P.
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE S
NAME CRUCE, SANDY
STREET ADDRESS C/O 3621 CENTURY BLVD.
CITY-ST-ZIP LAKELAND FL 33811 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
NAME CATHEY, TONYA
STREET ADDRESS 3621 CENTURY BLVD
CITY-ST-ZIP LAKELAND FL 33811 ☐ Delete

TITLE President
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)